

Project Background. Suicide is a leading cause of death in California for both youth and adults. More than 4,000 Californians die by suicide every year, and thousands more attempt suicide.¹ Assembly Bill 114 (Chapter 38, Statutes of 2017) authorized the Mental Health Services Oversight and Accountability Commission to develop a new, statewide strategic plan for suicide prevention in California. To develop this plan, the Commission is organizing a series of public hearings and meetings, community forums, site visits, and small group discussions to understand challenges and opportunities for the prevention of suicide.²

Meeting Overview. The third meeting of the Commission's Suicide Prevention Subcommittee was held in San Diego, California. The goals of the meeting were to explore local suicide prevention planning and implementation strategies and to identify priorities and brainstorm solutions in several strategic areas. Commissioners and meeting attendees heard presentations on San Diego County's recently released suicide prevention plan and a presentation on how the local Office of Education is supporting schools in implementing suicide prevention policies. The contents of the presentations and group discussion are summarized below. The next Suicide Prevention Subcommittee meeting will be held in Clovis, California on September 7, 2018.

Agenda at a Glance

Welcome and Introductions

Musical Presentation by
Dairrick Hodges, SOULcial
Workers Collective

Presentation: Local Suicide
Prevention Planning

Presentation: Implementing
Suicide Prevention Plans in
Schools

Open Public Discussion: State
and Local Planning Strategies
using the Four Strategic
Directions Outlined in the 2012
National Strategy for Suicide
Prevention

Healing Through Art

The meeting began with a presentation and musical performance from a survivor of suicide loss who discovered healing through art and creative expression. He used music during the meeting to communicate his lived experience as a child in the foster system and his experience after the loss of his family members to suicide. He stated that a clinical approach does not always work for some and that people who may identify themselves as "different" or "outcast" may benefit and heal through community building and artistic expression. He suggested providers think outside the box and relate to their clients. He stated that children do not connect well with adults that are perceived to have little to no experience with trauma.

"Authenticity and truth are what young people need and crave today. They need honest adults."

Dairrick Hodges on the importance of being relatable to youth seeking services

Local Suicide Prevention Planning

A representative of the Suicide Prevention Council presented on the recently revised local suicide prevention plan for San Diego County.³ The Suicide Prevention Council is a county-wide collaborative

¹ American Foundation for Suicide Prevention. Suicide: California 2018 Facts & Figures. Accessed August 3, 2018 at <https://afsp.org/about-suicide/state-fact-sheets/#California>.

² Visit <http://mhsaac.ca.gov/suicide-prevention> for more information about the project and the Commission's Suicide Prevention Subcommittee.

³ For more information, including access to the revised suicide prevention plan, please visit: <http://www.sdchip.org/initiatives/suicide-prevention-council/>.

San Diego County Suicide Prevention Action Plan Strategies

Nine strategies identified in the plan aim to increase understanding and awareness of suicide, reduce stigma, and decrease the number of suicides in San Diego County.

The strategies include:

- Integrate and Coordinate Activities
- Media and Communication Campaigns
- Outreach for Coping and Connectedness
- Community Programming
- Means Reduction
- Frontline and Gatekeeper Training
- Healthcare Coordination and Capacity
- Clinical Assessment and Treatment
- Postvention Services

For more information, including access to the revised suicide prevention plan, please visit:

<http://www.sdchip.org/initiatives/suicide-prevention-council/>.

formed in 2011 to provide oversight, guidance, and support to implement recommendations to eliminate suicide in San Diego County. The Council worked with partners – including the County Health and Human Services Agency– to gather input using focus groups, interviews, and online surveys from over 650 community members to develop the plan.

In addition to nine strategies listed in the box to the left, the plan identified and outlined strategies for specific populations at increased risk for suicide. These groups include Native American and African American communities, veterans, transition age youth, LGBTQ youth, formerly incarcerated men, seniors, survivors of suicide loss, people with mental health needs, gay, bisexual, and transgender men and refugees.

Implementing Suicide Prevention Plans in Schools

Representatives from the San Diego County Office of Education (SDCOE) presented how the county is providing support to school districts to implement a new law requiring school districts serving grades seven through twelve adopt a broad policy to address suicide intervention and postvention; train all staff on suicide prevention and deeper training for the school crisis staff; and recommends training for parents and education for students be included in the plan.⁴ SDCOE provides support to school staff by offering AB 2246 policy development workshops, Youth Mental Health First Aid (YMHFA) training, Question, Persuade, and Refer (QPR)

training, Applied Suicide Intervention Skills (ASSIST) training, NAMI on Campus, and a Suicide Prevention Resource Guide for Schools. They also provide education services to school-aged youth and consultation and partnership development services. SDCOE has served over 1,500 youth mental health educators and championed a comprehensive positive school climate approach through Positive Behavioral Interventions and Supports (PBIS) in schools, providing trauma-informed care, and restorative practices.

State Suicide Prevention Plan Priorities

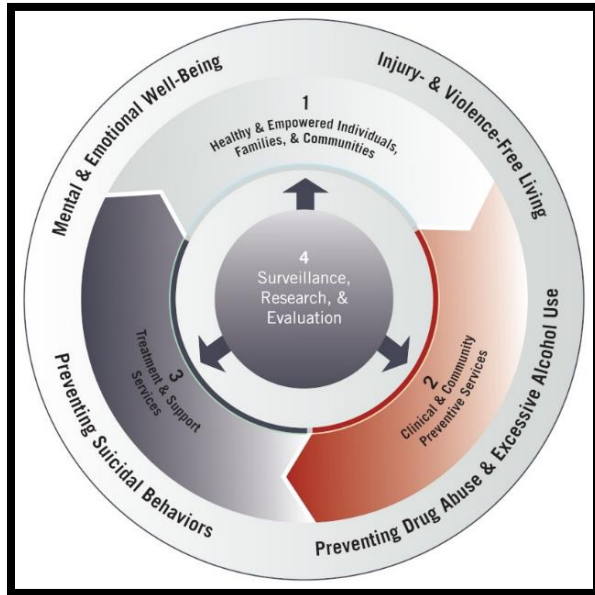
The meeting included an open discussion with meeting attendees to discuss community priorities using the four strategic directions outlined in the 2012 National Strategy for Suicide Prevention: 1) Healthy and Empowered Individuals, Families and Communities; 2) Clinical and Community Preventative Services; 3) Treatment and Support Services; and 4) Surveillance, Research and Evaluation.⁵ An overview meeting attendee input is provided below by each strategy. Meeting attendees recommended all strategies be

⁴ AB 2246: Pupil suicide prevention policies (O'Donnell, 2016). Requires local educational agencies that serve pupils in grades 7-12 to adopt suicide prevention policies before the beginning of the 2017-18 school year.

For more information, including the California Department of Education's model suicide prevention policy, visit: <https://www.cde.ca.gov/ls/cg/mh/suicideprevres.asp>.

⁵ Office of the Surgeon General (US); National Action Alliance for Suicide Prevention (US). 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention. Washington (DC): US Department of Health & Human Services (US).

inclusive of the concerns of people with disabilities, including deaf and hard of hearing and sight impairments, in addition to other diverse communities.



Graphic display of the four strategic directions outlined in the 2012 National Strategy for Suicide Prevention

Strategic Direction 1: Healthy and Empowered Individuals, Families and Communities. The goals of this strategic direction are integration of suicide prevention across settings and sectors, implementation of communication efforts to change knowledge, attitudes, and behaviors, increase protective factors and promotion of responsible media reporting. Meeting attendees discussed the importance of empowering communities to talk openly about suicide and mental health, specifically community members with lived experience. Community ambassadors knowledgeable about available resources were mentioned as a potential method of connecting people with services.

Currently available programs, as well as access points like schools and clubs, should be leveraged to increase utilization of resources. Meeting attendees

discussed how youth often use their peers to find resources. Meeting attendees discussed how early signs of a mental health crisis may come across as behavioral problems. Rather than punishment, there should be a focus on determining the root cause of the behavior - early intervention could deter and prevent further behavioral problems. There is a lack of consumer engagement and training on how to participate in the behavioral health process. Loneliness and lack of social emotional leaning, particularly among older adults, could be an at-risk indicator. Parents of children in crisis are sometimes left to cope on their own. One meeting attendee stated that there is no definition of what a healthy family is and most people do not know what constitutes one until they have been exposed to an unhealthy one.

Strategic Direction 2: Clinical and Community Preventative Services. The goals of this strategic direction are implementation of effective programs that prevent suicide and promote wellness, reduction of access to lethal means among people at risk and deliver training on how to address suicidal thoughts and behaviors. Meeting attendees reiterated the need to have a spectrum of resources available to people in crisis and training and support for people helping people in crisis. One meeting attendee noted that the indication of a plan does not necessarily mean that a person goes on to die by suicide. Meeting attendees identified Emotional CPR as one tool for community members to help people in crisis. Emotional CPR is a program designed to train people to support people in emotional crisis by listening, empowering and reconnecting with support systems.⁶ Meeting attendees also discussed the importance of language in creating an environment in which people experiencing suicidal thoughts or feelings can feel safe.

⁶ For more information, please see: <https://www.emotional-cpr.org/>.

People would feel more confident and comfortable helping someone in a crisis if they knew what resources were available. Communities receive funding from many sources, and often community members are not aware of available trainings, programs and services. Meeting attendees stated that a directory of available services – regardless of funding source – would be beneficial for consumers and families.

Strategic Direction 3: Treatment and Support Services. The goals of this strategic direction are promotion of suicide prevention as core to health care services, implementation of assessment and treatment of suicidal behaviors and delivery of care and support for suicide loss survivors. Meeting attendees reiterated the impact that stigma can have on preventing people from seeking help, and how stigma can prevent people from showing compassion for others who are suffering. One meeting attendee stated that physical and visible ailments often garner sympathetic responses while invisible or intangible ailments garner apathy or disdain. Meeting attendees suggested that Medi-Cal pay for alternative treatments, such as yoga and biofeedback to measure stress levels. Mid-level services, such as urgent care centers, should be expanded to give people in crisis alternatives to hospitalization. A representative of Kern County shared that the county is implementing the Zero Suicide Initiative.

Strategic Direction 4: Surveillance, Research and Evaluation. The goals of this strategic direction are to increase the timeliness and usefulness of suicide-related data, promotion of research on suicide prevention and evaluation of effectiveness of suicide prevention efforts and dissemination of findings. One meeting attendee suggested more long-term studies on the effects of prolonged use of psychotropic drugs should be conducted to assess any change in the frequency or severity of negative side effects. Studies should be conducted on people who have died by suicide and people who have attempted suicide to discern the differences between them. Strengthening data collection efforts will require strengthening relationships with coroners and other people responsible for determining cause of death. It is also critical to include in these studies the children and family members of attempt survivors and people who die by suicide. Evaluation efforts should be able to demonstrate what success looks like and should have clearly defined outcome measures. A type of universal release form may benefit people who frequently access services through varied entry points.

Next Steps. The next Suicide Prevention Subcommittee meeting will be held in Clovis, California (Fresno County) on September 7, 2018. The Commission will host a community forum in San Leandro, California on October 24, 2018 to brainstorm diverse approaches to preventing suicide. The next public hearing will be held on October 25, 2018 in the Oakland, California area. The first draft of the strategic plan is scheduled to be released for public comment in spring 2019. For more information, including upcoming events, please visit <http://mhsoc.ca.gov/suicide-prevention>.

Mentioned at the Meeting:

Wellness Recovery Action Plan (WRAP)

“WRAP is a manualized group intervention for symptom and illness management for people with mental health disorders. WRAP guides participants through the process of identifying and understanding their personal wellness resources and then helps them develop an individualized plan to use these resources daily.”

WRAP is listed in the National Registry of Evidence-based Programs and Practices.

For more information, visit:
<https://nrepp.samhsa.gov/ProgramProfile.aspx?id=1231>